



**Republic of Namibia**  
**MINISTRY OF AGRICULTURE, WATER AND FORESTRY**

Telephone: +264-61-2087505  
 Fax: +264-61-2087779

DIRECTORATE OF VETERINARY SERVICES  
 Private Bag 12022  
 Windhoek  
 NAMIBIA

**Permit No.**.....  
 Date of issue: .....

**Ref. No.**.....  
 Expiry Date.....

**Veterinary Export Permit of Rodents to Japan**

**I: IDENTIFICATION OF ANIMAL(S)**

Species / Breed	Number	Sex	Age	Distinctive Marks

**II: ORIGIN OF ANIMAL(S)**  
 Name and address of consignor:  
 Name  
 Address  
Establishment that animal(s) was/were born  
 Name  
 Address  
 Establishment number  
Storage establishment of animals (If animal(s) has/have been kept in other than the establishment described above prior to shipping package, all establishments must be defined.):  
 Name  
 Address  
 Establishment number

**III: DESTINATION OF ANIMAL(S)**  
 Name and address of consignee:  
 Name  
 Address  
 Name of vessel or flight number:  
 Place of boarding or loading:  
 Date of boarding or loading:

IV: SANITARY INFORMATION

1. The animal shows no clinical signs of rabies at the time of shipment
2. The animal has been kept since birth in a storage establishment where infectious diseases\* designated in the below have not been confirmed for the past 12 months (This storage establishment is meeting the standards\*\* defined by the Minister of Health, Labour and Welfare of Japan).

\* "disease" in relation to rodents means :

Pests, rabies, monkeypox, hemorrhagic fever with renal syndrome, hantavirus pulmonary syndrome, tularemia, and leptospirosis

\*\* "standards" in relation to rodents means :

1. The construction of the establishment must be appropriate in order to prevent the intrusion of animals from outside.
2. Sanitary controls, such as disinfection, must be periodically implemented.
3. No outbreak of pests, rabies, monkeypox, hemorrhagic fever with renal syndrome, hantavirus pulmonary syndrome, tularemia, and leptospirosis has been clinically reported in human beings and animals in the establishment for the past 12 months, and necessary measures have been taken in order to prevent the outbreak of these infectious diseases.
4. The data regarding the sanitary and feeding control of animals (including records of the introduction, breeding, death and shipment of animals) must be recorded and be kept adequately.

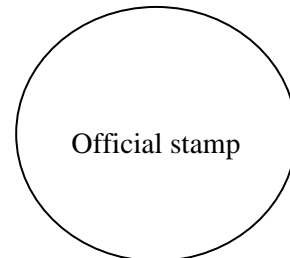
I, the undersigned, certify that the animal described above meets the requirements.

\_\_\_\_\_  
(Signature of Official Veterinarian)

\_\_\_\_\_  
Name and title of Official Veterinarian

**Ministry of Agriculture Water and Forestry**

Date Issued:





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**Permit No.** .....  
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**Ref. No.**.....  
Expiry Date.....

**Veterinary Export Permit : Largomorpha to Japan**

**I: IDENTIFICATION OF ANIMAL(S)**

Species / Breed	Number	Sex	Age	Distinctive Marks

**II: ORIGIN OF ANIMAL(S)**

Name and address of consignor :

Name

Address

**III: DESTINATION OF ANIMAL(S)**

Name and address of consignee:

Name

Address

Name of vessel or flight number:

Place of boarding or loading:

Date of boarding or loading:

**IV: SANITARY INFORMATION**

1. The animal shows no clinical signs of rabies or tularemia at the time of shipment

2. Meeting any of the following conditions:

Rabies : delete sentence as necessary

(1) The animal has been kept for the past 6 months, or since birth or capture in a region that the Minister of Health, Labour and Welfare of Japan has designated as one where rabies has not been reported.

(2) The animal has been kept for 12 months or since birth in a storage establishment where rabies has not been reported for the past 12 months in a non-designated region.

(3) The animal has been kept for the past 6 months or since birth in a quarantine establishment in a non-designated region.

(4) The animal is confirmed to have met either of conditions (2) or (3) when imported from a non-designated region to a designated region, and has been kept in a designated region since then.

Tularemia

(1) The animal has been kept for the past 12 months or since birth in a storage establishment where tularemia has not been reported for the past 12 months.

(2) The animal has been disinfected for Ixodes (ticks).

(3) The animal has been kept for the past 15 days or since birth in a quarantine establishment.

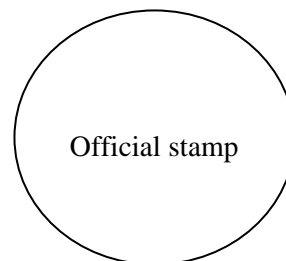
I, the undersigned, certify that the animal described above meets the requirements.

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(Signature of Official Veterinarian)

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Name and title of Official Veterinarian

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**Permit No.** .....  
Date of issue: .....

**Ref. No.**.....  
Expiry Date.....

**Veterinary Export Permit : Mammals (except Rodents and Lagomorpha) to Japan**

I: IDENTIFICATION OF ANIMAL(S)

Species / Breed	Number	Sex	Age	Distinctive Marks

II: ORIGIN OF ANIMAL(S)

Name and address of consignor :

Name

Address

III: DESTINATION OF ANIMAL(S)

Name and address of consignee:

Name

Address

Name of vessel or flight number:

Place of boarding or loading:

Date of boarding or loading:

: SANITARY INFORMATION

1. The animal shows no clinical signs of rabies at the time of shipment
2. Meeting any of the following conditions: delete sentence as necessary
  - (1) The animal has been kept for the past 6 months, or since birth or capture in a region that the Minister of Health, Labour and Welfare of Japan has designated as one where rabies has not been reported.
  - (2) The animal has been kept for 12 months or since birth in a storage establishment where rabies has not been reported for the past 12 months in a non-designated region.
  - (3) The animal has been kept for the past 6 months or since birth in a quarantine establishment in a non-designated region.
  - (4) The animal is confirmed to have met either of conditions (2) or (3) when imported from a non-designated region to a designated region, and has been kept in a designated region since then.

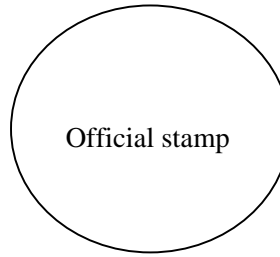
I, the undersigned, certify that the animal described above meets the requirements.

\_\_\_\_\_  
(Signature of Official Veterinarian)

\_\_\_\_\_  
Name and title of Official Veterinarian

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Permit No.....

Ref.  
No.....

Date of issue: .....

Expiry Date.....

Veterinary Export Permit for Birds to Japan

I: IDENTIFICATION OF ANIMAL(S)

Species / Breed	Number	Sex	Age	Distinctive Marks

II: ORIGIN OF ANIMAL(S)  
 Name and address of consignor :  
 Name  
 Address

III: DESTINATION OF ANIMAL(S)  
 Name and address of consignee:  
 Name  
 Address  
 Name of vessel or flight number:  
 Place of boarding or loading:  
 Date of boarding or loading:

**: SANITARY INFORMATION**

1. The bird shows no clinical signs of West Nile fever or highly pathogenic avian influenza at the time of shipment
2. Meeting each of the following conditions: delete sentence as necessary
  - (1) For birds that have been raised since hatching, those that have been kept for the past 21 days or since hatching in a storage establishment (limited to those with preventive measures against the invasion of mosquitoes) in regions that the Minister of Health, Labour and Welfare of Japan has designated as regions where highly pathogenic avian influenza has not been confirmed.
  - (2) Except for birds that have been raised since hatching, those that have been kept for the past 21 days or since hatching in a quarantine establishment (limited to those with preventive measures against the invasion of mosquitoes) in regions that the Minister of Health, Labour and Welfare of Japan has designated as regions where highly pathogenic avian influenza has not been confirmed.

I, the undersigned, certify that the animal described above meets the requirements.

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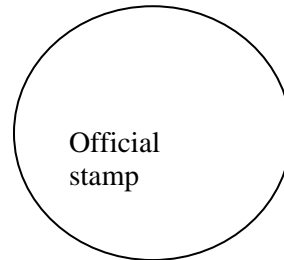
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Name and title of Official Veterinarian

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**Permit No.**.....  
Date of issue: .....

**Ref. No.**.....  
Expiry Date.....

**Veterinary Export Permit for Carcasses of Rodents to Japan**

**I: IDENTIFICATION OF ANIMAL(S)**

Species / Breed	Number	Sex	Age	Distinctive Marks

**II: ORIGIN OF ANIMAL(S)**  
Name and address of consignor :  
Name  
Address  
Establishment that animal(s) was/were born  
Name  
Address  
Establishment number  
Storage establishment of animals (If animal(s) has/have been kept in other than the establishment described above prior to shipping package, all establishments must be defined.):  
Name  
Address  
Establishment number

**III: DESTINATION OF ANIMAL(S)**  
Name and address of consignee:  
Name  
Address  
Name of vessel or flight number:  
Place of boarding or loading:  
Date of boarding or loading:

**IV: SANITARY INFORMATION**

The animal has been kept since birth in a storage establishment where infectious diseases\* designated in the below have not been confirmed for the past 12 months (This storage establishment is meeting the standards\*\* defined by the Minister of Health, Labour and Welfare of Japan).

\* "disease" in relation to rodents means :

Pests, monkeypox, hemorrhagic fever with renal syndrome, hantavirus pulmonary syndrome, tularemia, and leptospirosis

\*\* "standards" in relation to rodents means :

1. The construction of the establishment must be appropriate in order to prevent the intrusion of animals from outside.
2. Sanitary controls, such as disinfection, must be periodically implemented.
3. No outbreak of pests, rabies, monkeypox, hemorrhagic fever with renal syndrome, hantavirus pulmonary syndrome, tularemia, and leptospirosis has been clinically reported in human beings and animals in the establishment for the past 12 months, and necessary measures have been taken in order to prevent the outbreak of these infectious diseases.
4. The data regarding the sanitary and feeding control of animals (including records of the introduction, breeding, death and shipment of animals) must be recorded and be kept adequately.

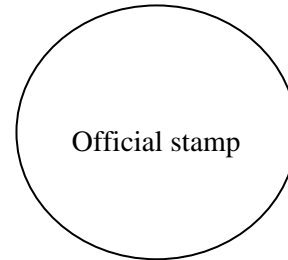
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**Permit No.** .....  
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**Veterinary Export Permit for Carcasses of Lagomorpha to Japan**

**I: IDENTIFICATION OF ANIMAL(S)**

Species / Breed	Number	Sex	Age	Distinctive Marks

**II: ORIGIN OF ANIMAL(S)**

Name and address of consignor :

Name

Address

**III: DESTINATION OF ANIMAL(S)**

Name and address of consignee:

Name

Address

Name of vessel or flight number:

Place of boarding or loading:

Date of boarding or loading:

**IV: SANITARY INFORMATION**

1. The animal has been kept for the past 12 months or since birth in a storage establishment where tularemia has not been reported for the past 12 months.
2. The animal has been disinfected for Ixodes (ticks).
3. The animal has been kept for the past 15 days or since birth in a quarantine establishment

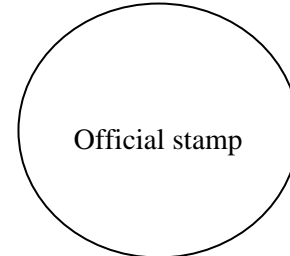
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(Signature of Official Veterinarian)

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**Permit No.** .....  
Date of issue: .....

**Ref. No.**.....  
Expiry Date.....

**Veterinary Export Permit : Formalin-fixed or ethanol-fixed carcasses of Rodents and Lagomorpha to Japan**

**I: IDENTIFICATION OF ANIMAL(S)**

Species / Breed	Number	Sex	Age	Distinctive Marks

**II: ORIGIN OF ANIMAL(S)**

Name and address of consignor :

Name

Address

**III: DESTINATION OF ANIMAL(S)**

Name and address of consignee:

Name

Address

Name of vessel or flight number:

Place of boarding or loading:

Date of boarding or loading:

IV: SANITARY INFORMATION : delete words as necessary

1. Permeated to center of carcass by either a formaldehyde solution (limited to those with a concentration of 3.5% by weight or more) or an ethanol solution (limited to those with a concentration of 70% by weight or more) at the time of shipment.

2. Kept in airtight containers (with no risk of the infiltration of gases or microorganisms under ordinary handling or storage conditions) filled with the solution at the time of shipment.

I, the undersigned, certify that the animal described above meets the requirements.

\_\_\_\_\_  
(Signature of Official Veterinarian)

\_\_\_\_\_  
Name and title of Official Veterinarian

**Ministry of Agriculture Water and  
Forestry**

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